

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street)

591 REDWOOD HWY., #4000

Check if different  
than previously  
reported. (ACC)

MILL VALLEY

CA

94941

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

04

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JASON D. KAUNE

Signature of Treasurer

Electronically Filed by JASON D. KAUNE

Date

05

19

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		302728.78
(b) Cash on Hand at Beginning of Reporting Period .....	284572.66	
(c) Total Receipts (from Line 19) .....	42043.97	198687.20
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	326616.63	501415.98
7. Total Disbursements (from Line 31) .....	34067.15	208866.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	292549.48	292549.48
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1919.23	
	11 07 2006	CA

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	39506.93	128711.61
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	2430.54	69573.06
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41937.47	198284.67
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	41937.47	198284.67
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	106.50	402.53
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	42043.97	198687.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	42043.97	198687.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1317.15	7066.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1317.15	7066.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	131500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	11750.00	70300.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	34067.15	208866.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34067.15	208866.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	41937.47	198284.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41937.47	198284.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1317.15	7066.50
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1317.15	7066.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code  
MOUNT LAUREL NJ 08054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.47015

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City State Zip Code  
LAS VEGAS NV 89141

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46606

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City State Zip Code  
COLUMBUS OH 43202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46688

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

52.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46832

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46948

Amount of Each Receipt this Period

34.45

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46838

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

109.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	8

Transaction ID: INC.A.46646

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES HARMON

Mailing Address 710 BRIDGEBORO ST

City

RIVERSIDE

State

NJ

Zip Code

08075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SYSTEMS COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	8

Transaction ID: INC.A.46793

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City

HENDERSON

State

NV

Zip Code

89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	8

Transaction ID: INC.A.46898

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

137.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46699

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46817

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46979

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46781

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46800

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46828

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46718

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46791

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City State Zip Code  
MOORESTOWN NJ 08057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 0 8

Transaction ID: INC.A.46812

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	0	8

Transaction ID: INC.A.46749

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46698

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46626

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47011

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46697

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46696

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47006

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46757

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46975

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City

LEWISVILLE

State

TX

Zip Code

75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47001

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

07421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR EXEC CORR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46831

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46775

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47035

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47010

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46913

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46843

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47036

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City

CARROLLTON

State

TX

Zip Code

75007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46911

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46966

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46806

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46978

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47074

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ISD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46841

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46837

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46852

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47059

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46974

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code  
MOUNT LAUREL NJ 08054

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47016

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City State Zip Code  
DEEPHAVEN MN 55331

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46965

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City State Zip Code  
MONTCLAIR NJ 07043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47022

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46797

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46883

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City

LEVITTOWN

State

NY

Zip Code

11756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46968

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46759

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46668

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46607

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47073

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46919

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

KAREN BOWE

Mailing Address 177 N. MILL ROAD

City

HARRISBURG

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
AVP COMMUNITY AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47042

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR STRAT PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46962

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46689

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

19320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46906

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

117.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID BREEN

Mailing Address 27 SEALS DR

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46886

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City

BELLEVILLE

State

NJ

Zip Code

07109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT/MEMBER COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46738

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46730

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46643

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46665

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 140 S GROVE PARK

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47061

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City

HERMITAGE

State

TN

Zip Code

37076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47052

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City

MARION

State

AR

Zip Code

72364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47051

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46779

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46704

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46604

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46861

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46876

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR SPECIALTY OPS CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46840

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46784

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

29172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46631

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46989

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46658

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY COOLE

Mailing Address 1280 RIVER HOLLOW COVE

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47050

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47025

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46758

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR HART COVEN

Mailing Address 28 OAK LANE

City State Zip Code  
MORRISTOWN NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46851

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City State Zip Code  
SCOTTSDALE AZ 85255

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46742

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)  
MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City State Zip Code  
LINCOLN PARK NJ 07035

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46982

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46789

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46894

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46857

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46833

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46740

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47072

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL &amp; ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46877

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46807

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46777

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City State Zip Code  
WEST MILFORD NJ 07480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46997

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City State Zip Code  
CEDAR GROVE NJ 07009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46659

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code  
DENVERVILLE NJ 07834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47012

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City

FISH CREEK

State

WI

Zip Code

54212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47031

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

07640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46971

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City

STAMFORD

State

CT

Zip Code

06905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46798

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46633

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City

BEAVER

State

PA

Zip Code

15009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47040

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46858

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City State Zip Code  
ALLENTOWN PA 18104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46649

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR H. RONALD DRIZIN

Mailing Address 17 DAYBREAK

City State Zip Code  
IRVINE CA 92614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CONTRACT ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46920

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City State Zip Code  
MORRIS TWP NJ 07960

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46981

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City

POMONA

State

NY

Zip Code

10970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46788

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46672

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46701

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

06482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46675

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET  
#3C

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46786

Amount of Each Receipt this Period

77.00

**C.**

Full Name (Last, First, Middle Initial)

REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PROJECT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47060

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.20

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46949

Amount of Each Receipt this Period

34.45

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46664

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47000

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

134.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 44 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46848

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47003

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46596

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 45 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE  
17 C NORTH

City State Zip Code  
CLIFFSIDE PARK NJ 07010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46952

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City State Zip Code  
MEMPHIS TN 38119

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47070

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City State Zip Code  
MAHWAH NJ 07430

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46731

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City State Zip Code  
GILLETTE NJ 07933

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1537.84

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46780

Amount of Each Receipt this Period

192.23

**B.**

Full Name (Last, First, Middle Initial)  
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code  
RANDOLPH NJ 07869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR E-COMM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46594

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City State Zip Code  
EMERSON NJ 07630

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46921

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.23

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46878

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46673

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46724

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City State Zip Code  
NEW BLOOMINGTON OH 43341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46823

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City State Zip Code  
GERMANTOWN TN 38139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47075

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR  
#222

City State Zip Code  
MEMPHIS TN 38103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46895

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46839

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City

CRANSTON

State

RI

Zip Code

02905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46695

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City

ST PAUL

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47057

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 50 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46593

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE  
APT 1701

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46961

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City

COLUMBUS

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46922

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46814

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46985

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46992

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City

ASBURY PARK

State

NJ

Zip Code

07712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46592

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City

ROBBINSVILLE

State

NJ

Zip Code

08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46703

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47033

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46647

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City

SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46956

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES UHG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46597

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

397.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46656

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

06022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46660

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46716

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 55 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46734

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46773

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46613

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ISD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46715

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46849

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46960

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46923

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46642

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHARLES HARMON

Mailing Address 710 BRIDGEBORO ST

City

RIVERSIDE

State

NJ

Zip Code

08075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SYSTEMS COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46794

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 58 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47049

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46595

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47043

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR BILL HEAD

Mailing Address 501 SLATERS LANE  
#816

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47013

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code  
PHOENIX AZ 85029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46669

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46652

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ERIC HESS

Mailing Address 10 CARLTON RD

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46726

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City

BUTLER

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46744

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City

FLORHAM PARK

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46821

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FACILITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46897

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

12520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46739

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46810

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City State Zip Code  
CORDOVA TN 38018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47068

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City State Zip Code  
ELMSFORD NY 10523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46846

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)  
MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City State Zip Code  
TWINSBURG OH 44087

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47038

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 30 AVENUE AT PORT IMPERIAL  
APT. 415

City State Zip Code  
WEST NEW YORK NJ 07093

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47017

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City State Zip Code  
OKLAHOMA CITY OK 73162

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47055

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City State Zip Code  
GALENA OH 43021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46826

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JANE HULSE

Mailing Address 95 GORDON RD

City

ESSEX FELLS

State

NJ

Zip Code

07021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46881

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46599

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46609

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City

MOUNTAIN LAKES

State

NJ

Zip Code

07046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46635

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46934

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JASON JAMES

Mailing Address RR 2 BOX 2036

City

CANADENSIS

State

PA

Zip Code

18325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46603

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46947

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT JINKS

Mailing Address 22 PAGE AVE

City

LYNDHURST

State

NJ

Zip Code

07071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46644

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46774

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City

HENDERSON

State

NV

Zip Code

89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46899

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46769

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46875

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46755

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46967

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46679

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46815

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46634

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46924

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**Full Name (Last, First, Middle Initial)  
MS LISA KETNER

Mailing Address 7 POINT VIEW

City	State	Zip Code
OAKLAND	NJ	07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46803

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City	State	Zip Code
EDISON	NJ	08820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46987

Amount of Each Receipt this Period

25.00

**C.**Full Name (Last, First, Middle Initial)  
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City	State	Zip Code
CHESTER	NY	10918

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46936

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City State Zip Code  
FRANKLIN LAKES NJ 07417

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46973

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City State Zip Code  
ACWORTH GA 30101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
AVP MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47062

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City State Zip Code  
BOONTON NJ 07005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46928

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46657

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46687

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46618

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46854

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46909

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46844

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47028

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47063

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46805

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PERFORMANCE STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47004

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA LETCHWORTH

Mailing Address 3133 HEATHSTONE COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47065

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46796

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46700

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46743

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE  
UNIT G

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46950

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City

HO HO KUS

State

NJ

Zip Code

07423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT & CHANNEL MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46728

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46611

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46684

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City State Zip Code  
WEST ORANGE NJ 07052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47032

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City State Zip Code  
MENOMONEE FALLS WI 53051

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46751

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City State Zip Code  
GERMANTOWN TN 38139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47069

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CORP STRAT BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47066

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46710

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46991

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City

SUSSEX

State

NJ

Zip Code

07461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46667

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46900

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46802

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46732

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City

OWASSO

State

OK

Zip Code

74055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47021

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47071

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City State Zip Code  
FAIR LAWN NJ 07410

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46847

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City State Zip Code  
HIGHLAND MILLS NY 10930

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46804

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)  
MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City State Zip Code  
WEST MILFORD NJ 07480

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46943

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

409.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

07649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46650

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City

DERRY

State

PA

Zip Code

15627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47041

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46616

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46610

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46958

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46623

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46717

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City

WARRINGTON

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46725

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46600

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional) .....

242.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46901

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH BUS CLIENT ENROLLMNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46912

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46655

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City

SUGAR LOAF

State

NY

Zip Code

10981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46639

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46685

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46795

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City

TAMPA

State

FL

Zip Code

33635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR SECURITY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46681

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46925

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46624

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46872

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City

NORTH HALEDON

State

NJ

Zip Code

07508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46884

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46917

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.47008

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46776

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46860

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46859

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46855

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City

LIVINGSTON

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46771

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City

MONMOUTH JUNCTION

State

NJ

Zip Code

08852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46765

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46996

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46818

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47045

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City

LAS VEGAS

State

NV

Zip Code

89147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46842

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1771 PRESCOTT LANE

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46747

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46705

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47026

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 1050 S. CLARKSON ST

City

DENVER

State

CO

Zip Code

80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47023

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City

MECHANICSVILLE

State

VA

Zip Code

23116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46745

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46612

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46708

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City

DUNNELLON

State

FL

Zip Code

34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46927

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46827

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46785

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46892

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46963

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST  
APT 30N

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46957

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46980

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46636

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City

QUAKER CITY

State

OH

Zip Code

43773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ELIGIBILITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46932

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code  
MATAWAN NJ 07747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SPECIAL ADVISOR TO COE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46880

Amount of Each Receipt this Period

65.38

**B.**

Full Name (Last, First, Middle Initial)  
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46782

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City State Zip Code  
NORWALK CT 06850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46723

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46929

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46977

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

SR MGR BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47046

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46666

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46976

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46721

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City

WAVERLY

State

VA

Zip Code

23890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47030

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46893

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46690

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46889

Amount of Each Receipt this Period

193.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46737

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46879

Amount of Each Receipt this Period

78.34

**SUBTOTAL** of Receipts This Page (optional) .....

321.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46910

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46766

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46670

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS BETH SAVARE

Mailing Address 27 JONES LN

City State Zip Code  
BLAIRSTOWN NJ 07825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46885

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46888

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City State Zip Code  
SKOKIE IL 60076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46662

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**Full Name (Last, First, Middle Initial)  
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46931

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City	State	Zip Code
PICKERINGTON	OH	43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46816

Amount of Each Receipt this Period

25.00

**C.**Full Name (Last, First, Middle Initial)  
MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City	State	Zip Code
SALT LAKE CITY	UT	84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	0	8

Transaction ID: INC.A.46608

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46638

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46954

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46801

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46622

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46678

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46601

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46761

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46693

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46778

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46938

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46811

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46637

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46871

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46760

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46764

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46908

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46969

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City

PINE BROOK

State

NJ

Zip Code

07058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46995

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

292.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47044

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46829

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46615

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

PETER STARK

Mailing Address 4840 COLE ROAD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
GROUP VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47067

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46891

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City

TUCKAHOE

State

NY

Zip Code

10707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47029

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46941

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46711

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46753

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46959

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46628

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

06477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47002

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 117 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46661

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46939

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46890

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46619

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APPT 209

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46682

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46719

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS TAYLOR

Mailing Address 2710 WEXFORD RD

City

UPPER ARLINGTON

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46964

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City

MT ARLINGTON

State

NJ

Zip Code

07856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46984

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46692

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE  
#1E

City State Zip Code  
EVANSTON IL 60202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46625

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46733

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46792

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46629

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DONNA TOPOLSKI

Mailing Address 128 MANHATTAN TERRACE

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46926

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

24521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46808

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 122 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46945

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City

DRAPER

State

UT

Zip Code

84020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46756

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46729

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 123 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47039

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46799

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

CHANTAL VEEVAETE

Mailing Address 7292 OAKVILLE DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GROUP VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47056

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46680

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17

City

BLOOMFIELD

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46676

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46598

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MUNISH VJ

Mailing Address 11 BOULDER TRAIL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46986

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46853

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46862

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46614

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46988

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46813

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 26072 HARBOR VIEW

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46632

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46856

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	2	/	2	0	0	8

Transaction ID: INC.A.46790

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46763

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

LOWELL WEINER

Mailing Address 1 BURGESS COURT

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47027

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES, CEO ACCREDITO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46702

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46783

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.  
#17F

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46620

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City

LYNNWOOD

State

WA

Zip Code

98037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46707

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City

VERONA

State

NJ

Zip Code

07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46887

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46940

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46714

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46630

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46983

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46933

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.47053

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City

POMPTON LAKES

State

NJ

Zip Code

07442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46674

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46772

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46845

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONSOLIDATION PLAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46903

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP BUS DEV AND MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46691

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46750

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 0 8

Transaction ID: INC.A.46993

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47501

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 135 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47095

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47177

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47321

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

62.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS GEORGIA EDDLEMAN

Mailing Address 908 EDGEMEER LANE

City

SOUTHLAKE

State

TX

Zip Code

76092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.20

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47435

Amount of Each Receipt this Period

34.45

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47327

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47135

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

96.95

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR CHARLES HARMON

Mailing Address 710 BRIDGEBORO ST

City

RIVERSIDE

State

NJ

Zip Code

08075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SYSTEMS COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47283

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City

HENDERSON

State

NV

Zip Code

89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47387

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47188

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47306

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47465

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 0 8

Transaction ID: INC.A.47271

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	8

Transaction ID: INC.A.47289

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	8

Transaction ID: INC.A.47317

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	8

Transaction ID: INC.A.47208

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

120.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City

LAS VEGAS

State

NV

Zip Code

89123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	8

Transaction ID: INC.A.47281

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	8

Transaction ID: INC.A.47301

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	0	8

Transaction ID: INC.A.47239

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47187

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT &amp; CONSULTING

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47115

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47497

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47186

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47185

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SECURITY &amp; ASSET PROTECTION

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47492

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

150.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47247

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47461

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR ROGER ANDERSON

Mailing Address 833 OXFORD COURT

City

LEWISVILLE

State

TX

Zip Code

75056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP &amp; CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47487

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional) .....

292.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

07421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR EXEC CORR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47320

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47265

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47521

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP VP FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47496

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47402

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47332

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY RD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47522

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MRS BRENDA BASSETT

Mailing Address 1752 BLACKSTONE DRIVE

City

CARROLLTON

State

TX

Zip Code

75007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47400

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47452

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47295

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47464

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47560

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

175.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ISD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47330

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47326

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47341

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47545

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

BRYAN BIRCH

Mailing Address 4 WINDRUSH LANE

City

WESTPORT

State

CT

Zip Code

06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES, EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47460

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47502

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

232.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47451

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK BLAKE

Mailing Address 129 NORWOOD AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47508

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47286

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47372

Amount of Each Receipt this Period

192.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City

LEVITTOWN

State

NY

Zip Code

11756

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47454

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS HEATHER BONOME

Mailing Address 305 10TH STREET NE

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47249

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

242.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City

BRYN MAWR

State

PA

Zip Code

19010

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47157

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 3380 SADDLEBROOK STREET

City

LAS VEGAS

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47096

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
ACCREDITO HEALTH GROUPOccupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47559

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47408

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

KAREN BOWE

Mailing Address 177 N. MILL ROAD

City

HARRISBURG

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP COMMUNITY AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47528

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR STRAT PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47448

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

255.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS GWEN BRADY

Mailing Address 219 E. COMO AVENUE

City

COLUMBUS

State

OH

Zip Code

43202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47178

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

19320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47395

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

MR DAVID BREEN

Mailing Address 27 SEALS DR

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47375

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

112.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City

BELLEVILLE

State

NJ

Zip Code

07109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT/MEMBER COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47228

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47220

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47132

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47154

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 140 S GROVE PARK

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47547

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City

HERMITAGE

State

TN

Zip Code

37076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47538

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City

MARION

State

AR

Zip Code

72364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47537

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47269

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MRS PEGEEN BUTTERFIELD

Mailing Address 23 NUTTING PLACE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47194

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47093

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47350

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47365

Amount of Each Receipt this Period

52.50

**SUBTOTAL** of Receipts This Page (optional) .....

142.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR SPECIALTY OPS CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47329

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47274

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

29172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47120

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS PLANNING & DEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47475

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47147

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY COOLE

Mailing Address 1280 RIVER HOLLOW COVE

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47536

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 30 EAST 81ST STREET, #9B

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47511

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47248

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR HART COVEN

Mailing Address 28 OAK LANE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47340

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47232

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47468

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47279

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47383

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47346

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 2903 CHUKKAR COURT

City

PLANT CITY

State

FL

Zip Code

33567

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47322

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47230

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47558

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 402 HIGHLAND AVE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47366

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47296

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47267

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47483

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City

CEDAR GROVE

State

NJ

Zip Code

07009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47148

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47498

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DONNA DENARDO

Mailing Address W2996 GIBRALTER ROAD

City

FISH CREEK

State

WI

Zip Code

54212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR MEDICARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47517

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

07640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47457

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City

STAMFORD

State

CT

Zip Code

06905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47287

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 3625 PATTERNSTONE DR

City

ALPHARETTA

State

GA

Zip Code

30022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47122

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIS DINGLE

Mailing Address 17826 ARBOR GREENE DR

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47193

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City

BEAVER

State

PA

Zip Code

15009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47526

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47347

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS MERIDITH DORNER

Mailing Address 4448 CREEK ROAD

City

ALLENTOWN

State

PA

Zip Code

18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47138

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City

MORRIS TWP

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47467

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MR DANA DUNCAN

Mailing Address 72 HALLEY DR

City

POMONA

State

NY

Zip Code

10970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47278

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47161

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47190

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

06482

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47164

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET  
#3C

City State Zip Code  
NEW YORK NY 10014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47276

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)

REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City State Zip Code  
GERMANTOWN TN 38138

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR PROJECT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47546

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City State Zip Code  
WYCKOFF NJ 07481

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47153

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DR WOODY EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47486

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47337

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47489

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47085

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)

MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE  
17 C NORTH

City

CLIFFSIDE PARK

State

NJ

Zip Code

07010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47438

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47556

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**Full Name (Last, First, Middle Initial)  
DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City	State	Zip Code
MAHWAH	NJ	07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47221

Amount of Each Receipt this Period

50.00

**B.**Full Name (Last, First, Middle Initial)  
MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City	State	Zip Code
GILLETTE	NJ	07933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1537.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47270

Amount of Each Receipt this Period

192.23

**C.**Full Name (Last, First, Middle Initial)  
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City	State	Zip Code
RANDOLPH	NJ	07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
EXEC DIR E-COMM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47083

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

267.23

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**Full Name (Last, First, Middle Initial)  
MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City	State	Zip Code
EMERSON	NJ	07630

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47409

Amount of Each Receipt this Period

25.00

**B.**Full Name (Last, First, Middle Initial)  
MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City	State	Zip Code
RIDGEWOOD	NJ	07450

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47367

Amount of Each Receipt this Period

25.00

**C.**Full Name (Last, First, Middle Initial)  
MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City	State	Zip Code
CAMPBELL HALL	NY	10916

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47162

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47214

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE  
AGOSTA ROAD

City

NEW BLOOMINGTON

State

OH

Zip Code

43341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47312

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47561

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR  
#222

City State Zip Code  
MEMPHIS TN 38103

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47384

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH FRENDON

Mailing Address 9 GREEN HILL TRAIL

City State Zip Code  
TROPHY CLUB TX 76262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47328

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City State Zip Code  
CRANSTON RI 02905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47184

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City

ST PAUL

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47543

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City

NEW PROVIDENCE

State

NJ

Zip Code

07974

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP & COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47082

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE  
APT 1701

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47447

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City

COLUMBUS

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47410

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47303

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47471

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code  
MORRIS PLAINS NJ 07950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47478

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City State Zip Code  
ASBURY PARK NJ 07712

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47081

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City State Zip Code  
ROBBINSVILLE NJ 08691

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47192

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.  
SUITE 246

City State Zip Code  
CHICAGO IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47519

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City State Zip Code  
GALLOWAY OH 43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47136

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City State Zip Code  
SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47442

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

279.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
PRES UHG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47086

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47145

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

06022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47149

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47206

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47224

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47263

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47102

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR ISD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47205

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47338

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

307.31

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47446

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS KELLY HANZAWA

Mailing Address 1116 OAKCROFT LANE

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47411

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47131

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47535

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47084

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47529

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MR BILL HEAD

Mailing Address 501 SLATERS LANE  
#816

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47499

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City State Zip Code  
PHOENIX AZ 85029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47158

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code  
SUCCASUNNA NJ 07876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47141

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ERIC HESS

Mailing Address 10 CARLTON RD

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP ENGINEERING & OPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47216

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City

BUTLER

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47234

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOBSON

Mailing Address 1 HERITAGE RD

City

FLORHAM PARK

State

NJ

Zip Code

07932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47310

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FACILITIES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47386

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

12520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47229

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47299

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 190 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47554

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47335

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City

TWINSBURG

State

OH

Zip Code

44087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47524

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 191 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 30 AVENUE AT PORT IMPERIAL  
APT. 415

City State Zip Code  
WEST NEW YORK NJ 07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47503

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City State Zip Code  
OKLAHOMA CITY OK 73162

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47541

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City State Zip Code  
GALENA OH 43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47315

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 192 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JANE HULSE

Mailing Address 95 GORDON RD

City

ESSEX FELLS

State

NJ

Zip Code

07021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47370

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47088

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47098

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City

MOUNTAIN LAKES

State

NJ

Zip Code

07046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47124

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JACKSON

Mailing Address 56 WARREN RD

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47422

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JASON JAMES

Mailing Address RR 2 BOX 2036

City

CANADENSIS

State

PA

Zip Code

18325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47092

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47434

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT JINKS

Mailing Address 22 PAGE AVE

City

LYNDHURST

State

NJ

Zip Code

07071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47133

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47264

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12 WADE HAMPTON TRAIL

City

HENDERSON

State

NV

Zip Code

89052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47388

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47259

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOHN KAPIOSKI

Mailing Address 8202 MARSH GLEN CT

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARMACY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47364

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47245

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47453

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47168

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47304

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47123

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47412

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS LISA KETNER

Mailing Address 7 POINT VIEW

City State Zip Code  
OAKLAND NJ 07436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47292

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City State Zip Code  
EDISON NJ 08820

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47473

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City State Zip Code  
CHESTER NY 10918

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47424

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 199 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47459

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP MANAGED CARE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47548

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City

BOONTON

State

NJ

Zip Code

07005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47416

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47146

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47176

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47107

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47343

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47398

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR MANOJ KUMAR

Mailing Address 7 SUNRISE WAY

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47333

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE, APT. #2J

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47514

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47549

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 7017 COBALT WAY

City

CITRUS HEIGHTS

State

CA

Zip Code

95621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47294

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH LENZ

Mailing Address 6 SHERMAN AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PERFORMANCE STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47490

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA LETCHWORTH

Mailing Address 3133 HEATHSTONE COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR REIMBURSEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47551

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47285

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47189

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS DEBRA LUDGATE

Mailing Address 238 WOODLAND AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47233

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE  
UNIT G

City

CHICAGO

State

IL

Zip Code

60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47436

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City

HO HO KUS

State

NJ

Zip Code

07423

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT &amp; CHANNEL MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47218

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47100

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47173

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 206 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47518

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47241

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47555

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP CORP STRAT BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47552

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47200

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47477

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT MATCHETT

Mailing Address 27 LAKEVILLE RD

City

SUSSEX

State

NJ

Zip Code

07461

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47156

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47389

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)

MS PATRICIA MAZZONE

Mailing Address 56 PENOBSCOT ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47291

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47222

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DOUG MCCANN

Mailing Address 10201 E. 92ND STREET N

City

OWASSO

State

OK

Zip Code

74055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47507

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47557

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City

FAIR LAWN

State

NJ

Zip Code

07410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47336

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47293

Amount of Each Receipt this Period

192.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47431

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) .....

409.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

07649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47139

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City

DERRY

State

PA

Zip Code

15627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47527

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47105

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47099

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47444

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47112

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 17584 WEXFORD DR

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47207

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City

WARRINGTON

State

PA

Zip Code

18976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BENEFIT DELIVERY SYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47215

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City

SHORT HILLS

State

NJ

Zip Code

07078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACEUTICAL CONTRACTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47089

Amount of Each Receipt this Period

192.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47390

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH BUS CLIENT ENROLLMNT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47401

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47144

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City

SUGAR LOAF

State

NY

Zip Code

10981

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47128

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ARLENE NELSON

Mailing Address 17 GARFIELD PLACE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47174

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47284

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City

TAMPA

State

FL

Zip Code

33635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR SECURITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47170

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM STRATEGY & DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47413

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

07866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47113

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47361

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City

NORTH HALEDON

State

NJ

Zip Code

07508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47373

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47406

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47494

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47266

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47349

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47348

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47344

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City

LIVINGSTON

State

NJ

Zip Code

07039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47261

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City

MONMOUTH JUNCTION

State

NJ

Zip Code

08852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47255

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47482

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47307

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47531

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City

LAS VEGAS

State

NV

Zip Code

89147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47331

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1771 PRESCOTT LANE

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47237

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 222 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47195

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47512

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 1050 S. CLARKSON ST

City

DENVER

State

CO

Zip Code

80209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47509

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 223 / 281

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City

MECHANICSVILLE

State

VA

Zip Code

23116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47235

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47101

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47198

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City

DUNNELLON

State

FL

Zip Code

34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47415

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47316

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47275

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

267.30

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47381

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47449

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST  
APT 30N

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47443

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
DIR HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47466

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
EXEC DIR REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47125

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City

QUAKER CITY

State

OH

Zip Code

43773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
SR DIR ELIGIBILITY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47420

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS JOANN REED

Mailing Address 4 ANTLER CT

City State Zip Code  
MATAWAN NJ 07747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SPECIAL ADVISOR TO COE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.42

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47369

Amount of Each Receipt this Period

65.38

**B.**

Full Name (Last, First, Middle Initial)  
MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City State Zip Code  
TAMPA FL 33647

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47272

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR THOMAS REINCKENS

Mailing Address 22 BARTLETT AVE.

City State Zip Code  
NORWALK CT 06850

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR RECONCILIATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47213

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47417

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47463

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

SR MGR BUS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47532

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47155

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47462

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 96 LEHMANN STREET

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47211

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional) .....

242.30

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City

WAVERLY

State

VA

Zip Code

23890

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47516

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS-CLINICAL TECH

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47382

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City

JACKSONVILLE

State

FL

Zip Code

32226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47179

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1737.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47378

Amount of Each Receipt this Period

193.00

**B.**

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47227

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47368

Amount of Each Receipt this Period

78.34

**SUBTOTAL** of Receipts This Page (optional) .....

321.34

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47399

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47256

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING &amp; ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47159

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS BETH SAVARE

Mailing Address 27 JONES LN

City State Zip Code  
BLAIRSTOWN NJ 07825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47374

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City State Zip Code  
GLEN ROCK NJ 07452

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47377

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City State Zip Code  
SKOKIE IL 60076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47151

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47419

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR LEONARD SCOTT

Mailing Address 13514 MOTTLESTONE DRIVE NW

City

PICKERINGTON

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REG DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47305

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City

SALT LAKE CITY

State

UT

Zip Code

84109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47097

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47127

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47440

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47290

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

135.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47111

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP &amp; GENERAL MGR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47167

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47090

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

140.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47251

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47182

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47268

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47426

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47300

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

07675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47126

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) .....

130.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47360

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47250

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47254

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47397

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47455

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City

PINE BROOK

State

NJ

Zip Code

07058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47481

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

292.31

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47530

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 21625 E. MERIWETHER LANE

City

LIBERTY LAKE

State

WA

Zip Code

99019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47318

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47104

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

PETER STARK

Mailing Address 4840 COLE ROAD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation  
GROUP VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47553

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
GROUP VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47380

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City

TUCKAHOE

State

NY

Zip Code

10707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47515

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47429

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47201

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	0	8

Transaction ID: INC.A.47243

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City State Zip Code  
UPPER SADDLE RIVER NJ 07458

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47445

Amount of Each Receipt this Period

192.31

**B.**

Full Name (Last, First, Middle Initial)  
MS JANNA STOUL

Mailing Address 4 APACHE WAY

City State Zip Code  
MONTVILLE NJ 07045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47117

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City State Zip Code  
ORANGE CT 06477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47488

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47150

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47427

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CYNTHIA SULLIVAN

Mailing Address 21 DENISE DRIVE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47379

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional) .....

242.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 246 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CS SYSTEMS PLAN & IMPLEM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47108

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL  
APPT 209

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47171

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47209

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS TAYLOR

Mailing Address 2710 WEXFORD RD

City

UPPER ARLINGTON

State

OH

Zip Code

43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47450

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City

MT ARLINGTON

State

NJ

Zip Code

07856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47470

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47181

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 248 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)  
MS MELISSA THOMET

Mailing Address 721 HINMAN AVE  
#1E

City State Zip Code  
EVANSTON IL 60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47114

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)  
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code  
LIVONIA MI 48152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47223

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
MR TIMOTHY TIDD

Mailing Address 7974 FLAMETREE CT

City State Zip Code  
LAS VEGAS NV 89123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47282

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47118

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MRS DONNA TOPOLSKI

Mailing Address 128 MANHATTAN TERRACE

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47414

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

24521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47297

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47433

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City

DRAPER

State

UT

Zip Code

84020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47246

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47219

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47525

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47288

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

CHANTAL VEEVAETE

Mailing Address 7292 OAKVILLE DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

GROUP VP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47542

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 252 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR E-COM STRAT & DELI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47169

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE  
UNIT #17

City

BLOOMFIELD

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47165

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47087

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR MUNISH VJ

Mailing Address 11 BOULDER TRAIL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47472

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47342

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47351

Amount of Each Receipt this Period

192.31

**SUBTOTAL** of Receipts This Page (optional) .....

242.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47103

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47474

Amount of Each Receipt this Period

192.31

**C.**

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47302

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

267.31

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 26072 HARBOR VIEW

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47121

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47345

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP HR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47280

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47253

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

LOWELL WEINER

Mailing Address 1 BURGESS COURT

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47513

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

PRES, CEO ACCREDITO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47191

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional) .....

267.31

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 257 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47273

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.  
#17F

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47109

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City

LYNNWOOD

State

WA

Zip Code

98037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation  
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47197

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City

VERONA

State

NJ

Zip Code

07044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47376

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47428

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICARE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47204

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 259 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47119

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47469

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47421

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

105.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47539

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City

POMPTON LAKES

State

NJ

Zip Code

07442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47163

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47262

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 281

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

VP E-COM DEV

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47334

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONSOLIDATION PLAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47392

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP

Occupation

VP BUS DEV AND MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 0 8

Transaction ID: INC.A.47180

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 281

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
VP/GM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47240

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDCO HEALTH SOLUTIONSOccupation  
ASST COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	0	8

Transaction ID: INC.A.47479

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JANET DAGLEY

Mailing Address 3021 FLAGSTONE DR.

City

FRANKLIN

State

TN

Zip Code

37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACCREDITO HEALTH GROUP, INC.Occupation  
DIRECTOR, MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

Transaction ID: INC.A.47077

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

39506.93

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 281

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

BANK OF MARIN

Mailing Address 50 MADERA BLVD.

City

CORTE MADERA

State

CA

Zip Code

94925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

402.53

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	8

Transaction ID: INC.A.47562

Amount of Each Receipt this Period

106.50

INTEREST EARNED

SUBTOTAL of Receipts This Page (optional) .....

106.50

TOTAL This Period (last page this line number only) .....

106.50

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 264 / 281

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLP

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City State Zip Code  
MILL VALLEY CA 94941

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: EXP.B.46581

Date of Disbursement

MM / DD / YYYY  
04 / 29 / 2008

Amount of Each Disbursement this Period

1317.15

SUBTOTAL of Disbursements This Page (optional) .....

1317.15

TOTAL This Period (last page this line number only) .....

1317.15



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

ENZI FOR US SENATE

Mailing Address P.O. BOX 2775

City  
CODY

State  
WY

Zip Code  
82414

Purpose of Disbursement

011

Category/  
Type

Candidate Name

MICHAEL B. ENZI

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: WY

District:

Transaction ID: EXP.B.46579

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CLIFF STEARNS

Mailing Address P.O. BOX 308

City

SILVER SPRINGS

State

FL

Zip Code

34489

Purpose of Disbursement

011

Category/  
Type

Candidate Name

CLIFFORD B. STEARNS

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: FL

District: 06

Transaction ID: EXP.B.46575

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City

SANTA BARBARA

State

CA

Zip Code

93121

Purpose of Disbursement

011

Category/  
Type

Candidate Name

LOIS G. CAPPS

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: CA

District: 23

Transaction ID: EXP.B.46574

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 509 MADISON AVE., STE. 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
GENERAL PURPOSE COMMITTEE

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: EXP.B.46580

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

NATHAN DEAL FOR CONGRESS

Mailing Address P.O. BOX 902

City GAINSVILLE State GA Zip Code 30503

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
NATHAN DEAL

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: EXP.B.46573

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

PORTER FOR CONGRESS

Mailing Address 7840 RED LEAF DR.

City LAS VEGAS State NV Zip Code 89131

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
JON C. PORTER

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: EXP.B.46577

Date of Disbursement

04 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SALAZAR FOR SENATE</b> Mailing Address P.O. BOX 600	<b>Transaction ID:</b> EXP.B.46578 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div>
City State Zip Code <b>DENVER CO 80201</b> Purpose of Disbursement <div> <div>011</div> <div>Category/Type</div> </div> Candidate Name <b>KEN SALAZAR</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>TIM MURPHY FOR CONGRESS</b> Mailing Address P.O. BOX 24551 City State Zip Code <b>PITTSBURGH PA 15234</b> Purpose of Disbursement <div> <div>011</div> <div>Category/Type</div> </div> Candidate Name <b>TIM MURPHY</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18	<b>Transaction ID:</b> EXP.B.46576 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 9 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>GREG DAVIS FOR CONGRESS</b> Mailing Address 5779 GETWELL RD., BLDG. D1 City State Zip Code <b>SOUTHAVEN MS 38672</b> Purpose of Disbursement <div> <div>011</div> <div>Category/Type</div> </div> Candidate Name <b>CHARLES GREGORY DAVIS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 01	<b>Transaction ID:</b> EXP.B.46583 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 3 0 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**3000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

JIM RISCH FOR US SENATE COMMITTEE

Mailing Address 407 W. JEFFERSON ST.

City  
BOISE

State  
ID

Zip Code  
83702

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JAMES E. RISCH

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: ID

District:

Transaction ID: EXP.B.46587

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

LAUTENBERG FOR SENATE

Mailing Address P.O. BOX 200596  
RIVERFRONT PLAZA STATION

City  
NEWARK

State  
NJ

Zip Code  
07102

Purpose of Disbursement

011

Category/  
Type

Candidate Name

FRANK R. LAUTENBERG

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: NJ

District:

Transaction ID: EXP.B.46585

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

REED COMMITTEE

Mailing Address P.O. BOX 8628

City  
CRANSTON

State  
RI

Zip Code  
02920

Purpose of Disbursement

011

Category/  
Type

Candidate Name

JACK REED

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

State: RI

District:

Transaction ID: EXP.B.46586

Date of Disbursement

04 / 30 / 2008

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
VERN BUCHANAN FOR CONGRESS

Mailing Address P.O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement

Candidate Name  
VERNON BUCHANAN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 13

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: EXP.B.46584

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

21000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 270 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
ALAN SANBORN FOR SENATE

Mailing Address 27140 IRWIN RD.

City RICHMOND State MI Zip Code 48062

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46552

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
ARLAN B. MEEKHOF FOR STATE REP

Mailing Address 9128 OAK CREEK LN.

City WEST OLIVE State MI Zip Code 49460

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46567

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
BARB BYRUM FOR STATE REPRESENTATIVE

Mailing Address P.O. BOX 27344

City LANSING State MI Zip Code 48909

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46556

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 271 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN CALLEY FOR STATE REPRESENTATIVE**

Mailing Address 10198 BUTLER RD.

City PORTLAND State MI Zip Code 48875

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46557

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**BRUCE CASWELL FOR STATE REPRESENTATIVE**

Mailing Address 8940 E. BACON RD.

City HILLSDALE State MI Zip Code 49242

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46558

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
**COMMITTEE TO ELECT DAVE HILDENBRAND**

Mailing Address 2700 TIMPSON AVE SE

City LOWELL State MI Zip Code 49331

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46564

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 272 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT GRETCHEN WHITMER

Mailing Address P.O. BOX 11063

City LANSING State MI Zip Code 48901

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46554

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT JOEL SHELROWN

Mailing Address 2225 GRAY RD.

City WEST BRANCH State MI Zip Code 48661

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46570

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE TO ELECT KATHY ANGERER

Mailing Address PO BOX 157

City DUNDEE State MI Zip Code 48131

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46555

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 273 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT MARIE DONIGAN

Mailing Address 612 S. DORCHESTER AVE.

City  
ROYAL OAK

State  
MI

Zip Code  
48067

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Transaction ID: EXP.B.46560

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT MICHAEL SWITALSKI STATE SENATOR

Mailing Address 31412 GAY ST.

City  
ROSEVILLE

State  
MI

Zip Code  
48066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Transaction ID: EXP.B.46553

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT ROBERT B. JONES

Mailing Address 3228 W. MICHIGAN AVE.

City  
KALAMAZOO

State  
MI

Zip Code  
49006

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Transaction ID: EXP.B.46565

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 276 / 281

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
GILDA JACOBS FOR SENATE

Mailing Address 8353 HENDRIE BLVD.

City HUNTINGTON WOODS State MI Zip Code 48070

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46546

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
GO MIKE BISHOP

Mailing Address 883 GREAT OAK BLVD.

City ROCHESTER State MI Zip Code 48307

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46542

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
HANSEN CLARKE FOR SENATE

Mailing Address P.O. BOX 1821

City EAST LANSING State MI Zip Code 48823

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46543

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 277 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**

Full Name (Last, First, Middle Initial)

KEVIN GREEN FOR STATE HOUSE

Mailing Address 4754 KAREL JEAN CT SW

City  
WYOMING

State  
MI

Zip Code  
49509

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Transaction ID: EXP.B.46561

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

MARC CORRIVEAU FOR STATE REPRESENTATIVE

Mailing Address P.O. BOX 5251

City  
NORTHVILLE

State  
MI

Zip Code  
48167

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Transaction ID: EXP.B.46559

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

MARK C. JANSEN FOR STATE SENATE

Mailing Address 6670 KALAMAZOO AVE., STE. E 128

City  
GRAND RAPIDS

State  
MI

Zip Code  
49508

Purpose of Disbursement

011

Category/  
Type

Candidate Name

NON-FEDERAL CONTRIBUTION

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI

District:

Transaction ID: EXP.B.46547

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 278 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
**MARK MEADOWS FOR STATE REPRESENTATIVE**

Mailing Address 244 LEXINGTON AVE.

City EAST LANSING State MI Zip Code 48823

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46566

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
**PERDUE FOR GOVERNOR**

Mailing Address 1010 VERMONT AVE. NW, STE. 814

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.46572

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**RANDY RICHARDVILLE FOR SENATE**

Mailing Address P.O. BOX 1631

City MONROE State MI Zip Code 48162

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District:

Transaction ID: EXP.B.46551

Date of Disbursement

04 / 22 / 2008

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 280 / 281

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial)  
WAYNE KUIPERS FOR STATE SENATE

Mailing Address 364 W. 31ST ST.

City State Zip Code  
HOLLAND MI 49423

Purpose of Disbursement

Candidate Name  
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House  
☐ Senate  
☐ President

State: MI

District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: EXP.B.46549

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

11750.00



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 281 / 281

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):  
LEGAL SERVICES

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City State ZIP Code  
MILL VALLEY CA 94941

Outstanding Balance Beginning This Period

1317.15

Transaction ID: PAY:D:46541

Amount Incurred This Period

0.00

Payment This Period

1317.15

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):  
LEGAL & ACCOUNTING FEES

Mailing Address 591 REDWOOD HIGHWAY., BLDG. 4000

City State ZIP Code  
MILL VALLEY CA 94941

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:47567

Amount Incurred This Period

1919.23

Payment This Period

0.00

Outstanding Balance at Close of This Period

1919.23

1) **SUBTOTALS** This Period This Page (optional).....

1919.23

2) **TOTALS** This Period (last page this line number only).....

1919.23

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1919.23